

OBSTETRICS.

UNDER THE CHARGE OF

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Cæsarean Section at the Moment of Maternal Death.—BUSALLA (*Zentralblatt für Gynakologie*, 1905, No. 38) reports the case of a patient, eight months in her second pregnancy, who had a much diseased and dilated heart. Six days after admission she suddenly collapsed and was apparently about to die, when the child was immediately delivered by version and extraction. The operation was attended by some difficulty and the child perished soon after. The patient recovered immediately from labor, and five weeks afterward was transferred to another ward of the hospital for a right-sided hemiplegia.

Case II. was that of a patient with advanced disease of the heart, compensation failing and maternal death threatening. It was determined to bleed the patient, with the hope that this would give relief, when death suddenly occurred. The abdomen was immediately opened and the child delivered and revived.

Case III. was admitted to the hospital unconscious and in eclampsia. Soon after admission maternal death occurred, but the fetal heart sound could be faintly heard. The child was immediately delivered by Cæsarean section and revived.

Pyelitis in Pregnancy.—In the August number of the *Journal of Obstetrics and Gynecology of the British Empire*, 1905, SMITH reports 3 cases of pyelitis complicating pregnancy.

The first was that of a young primipara, who, when six months pregnant, sustained a blow upon the abdomen, followed by pain and the discharge of blood. Movements of the child could not be detected. The pain in the abdomen was on the right side just below the umbilicus.

When the patient was admitted to the hospital the urine showed the bacillus coli communis in pure culture. The temperature ranged from normal to 101°. On rest in bed, and treatment addressed to the infection of the kidney, the dilated cervix gradually closed and the fetal heart sounds were heard. The urine contained pus, and the patient gradually complained of pain lower down in the abdomen. Premature labor finally occurred, the child being six and one-half months. There was an old blood clot adherent to the placenta. The condition cleared up rapidly after delivery and the patient was ultimately well. Here the diagnosis of pyelitis was made from the character and location of the pain and from the free discharge of pus in the urine. The premature labor very possibly resulted from the blow upon the abdomen.

The second case was also a young primipara, who, for three weeks before admission to the hospital, had great pain over the right kidney, with increased frequency of micturition. There was no evidence of cystitis; the temperature was not above 99°. The urine contained a copious deposit of pus and mucus and a pure culture of the bacillus coli com-

munis. Labor came on spontaneously, and a living child was born. The patient rapidly recovered from all her symptoms.

In the third case, also a primipara, the patient had not been well for two months after an attack of influenza. She had fever and the cervix was somewhat dilated. There had been pain in the right iliac region and right lumbar region. Ectopic pregnancy had been suspected. The urine was acid, containing pus in large quantity and the bacillus coli communis. The temperature gradually rose to 101.6°; with rest in bed and proper diet the patient became so much better that she declined to stay in the hospital.

Smith has collected from the literature of the subject reports of 18 cases. The result was known in 15 of these. In 4 labor came on prematurely; in 3 of these after an attack of pain, with fever rising to 104°. In 11 the pyelitis did not affect the course of pregnancy, and in 8 of these pus disappeared from the urine before labor. In 2 of the cases collected the patients had pyelitis during pregnancy, which became pyonephrosis after labor. In 1 of these the kidney was removed four months after labor and found to contain abundantly the bacillus coli communis. The patient recovered.

The second of these 2 patients died after nephrotomy and a pyonephrosis was found on one side and hydronephrosis on the other.

In the cases reported the right kidney was the one most usually involved.

Treatment consists in putting the patient to bed, with milk diet and free movements of the bowels. Urotropin, benzoic acid, and the salicylates seem to do good in these cases.

Intravenous Injection of Ergot and its Effect upon the Circulation.—

Ergot is so constantly employed in obstetric practice that researches upon its action upon any portion of the organism are of practical importance.

SOLLMANN and BROWN (*Journal of the American Medical Association*, July 22, 1905) publish the results of experiments with intravenous injection of ergot and its effect upon the circulation. A large and abrupt fall of blood pressure follows such injection, succeeded by prompt recovery and by a slight and short rise. Ergot seems to affect directly the cardiac muscle, and has but little vasoconstrictor action. It did not cause high blood pressure. If ergot is given by intramuscular injection, the preliminary fall of blood pressure is absent. Its action on the circulation is largely independent of the dose within wide limits. Large doses depress the vagus centre and vasomotor endings, but are not acutely fatal. Ergot is then not a useful drug for modifying the general circulation. Its action on the human subject seems to be selective upon the uterine muscle.

The Treatment of Intraperitoneal Extravasations of Blood in Ruptured Tubal Gestation.—FUTH (*Zentralblatt für Gynäkologie*, 1905, No. 43) states that two opinions prevail concerning the treatment of extravasated blood in ruptured tubal gestation. Some urge that this blood be allowed to remain undisturbed as it is absorbed, if uninfected, for the benefit of the patient. Others believe that extravasated blood should be removed from the peritoneal cavity as thoroughly as possible. The third class take the ground that this blood should be removed only